

VZCZCXRO1824

PP RUEHCN RUEHGH RUEHVC  
DE RUEHHK #1773/01 1840707

ZNR UUUUU ZZH

P 030707Z JUL 07

FM AMCONSUL HONG KONG

TO RUEHC/SECSTATE WASHDC PRIORITY 2174  
INFO RUEHOO/CHINA POSTS COLLECTIVE PRIORITY  
RUEHG/USMISSION GENEVA PRIORITY 1098  
RUEHRC/DEPT OF AGRICULTURE WASHDC PRIORITY  
RUEAUSA/DEPT OF HHS WASHINGTON DC PRIORITY  
RUEHPH/CDC ATLANTA GA PRIORITY

UNCLAS SECTION 01 OF 03 HONG KONG 001773

SIPDIS

SIPDIS  
SENSITIVE

STATE FOR EAP/CM AND EAP/EP TWANG  
STATE FOR G/AIAG JLANGE, HFOSTER, RFENDRICK  
STATE FOR M/MED AND M/MEDEX PETER WOOD  
STATE FOR INR/EAP  
HHS FOR OGHA - STEIGER, BHAT  
BANGKOK FOR RMO, CDC  
STATE PLEASE PASS TO USDA FOR DU/US LAMBERT  
BEIJING FOR DSELIGSOHN

E.O. 12958: N/A

TAGS: ECON TBIO SENV EAGR AMED KFLU HK CH

SUBJECT: MACAU HEALTH CARE: RESPONDING TO NEW REALITIES  
AND OPPORTUNITIES

REF: A. HONG KONG 189  
B. HONG KONG 193  
C. HONG KONG 1510  
D. HONG KONG 1661

¶1. (SBU) Macau's health care system is coping wth the territory's quick economic expansion, rapd population growth, and large influx of tourist. A system that was created to care for 400,000residents now provides health care services to oer 500,000 people and approximaely 21 million tourists (and rising) per year. While existing health care facilities are able to provide preventive care to local residents, health care officials acknowledge that emergency response capabilities must be expanded. Macau experiences a shortage of trained medical professionals -- particularly specialized physicians, nurses, and physical therapists -- and is looking to mainland China to fill the gap.

¶2. (SBU) Macau's Center for Disease Control and Prevention greatly depends on Hong Kong and other international partners for information on emerging infectious diseases and how to develop response strategies. Macau plans to follow Hong Kong's lead in responding to an Avian Influenza (AI) or other pandemic. Tuberculosis, HIV/AIDS and dengue fever also remain immediate public health concerns. A recent health survey by Macau Polytechnic University reveals that the local sex industry could contribute to the expansion of AIDS in the region. (NOTE: This cable follows previous reports on the strains of rapid development on Macau's existing public infrastructure and how the Macau Special Administrative Region Government (MSARG) plans to respond. See reftels.)  
END SUMMARY.

-----  
BACKGROUND  
-----

¶3. (SBU) Macau's health care infrastructure, developed under Portuguese rule, envisioned universal health care coverage for a population of 400,000 through a system of two hospitals and six health care clinics. These facilities are largely geared to serve the population of the urban Macau peninsula, while two satellite facilities serve the populations of the

outlying islands of Taipa and Coloane. (Note: Macau, with a current population of over 500,000, consists of the Macau peninsula, two islands, and Cotai, a 16 kilometer landfill area between the islands. Over the next few years, Cotai will become the heart of Macau's casino, gambling and convention industry.)

14. (SBU) Currently, the health care system's annual budget of 1.7 billion patacas (approx. US\$200 million) is financed through government revenue, which has increased recently due to the liberalization of the gaming industry. The Department of Health has a staff of 100, including nine public health physicians, 12 public health "technicians," two public health nurses, and 33 sanitary inspectors. All of these technical specialists could be mobilized during a public health emergency. The Department of Health also contains Macau's Center for Disease Control and Prevention, which employs three physicians. Macau's two functional hospitals -- a government facility and a private facility -- are supplemented by an recently-opened private hospital at Macau University of Science and Technology. This small experimental facility combines western and traditional medicine. Macau residents receive the bulk of medical services through public clinics, which provide preventive care and health promotion outreach at little or no cost. The most pressing problem in the health care system now is emergency response capabilities -- both those involving pandemic diseases and routine emergencies. While this problem should not impact the daily provision of medical services, it could complicate the MSARG's ability to respond to a crisis.

-----  
Emergency Services & Future Plans

HONG KONG 00001773 002 OF 003

-----  
15. (SBU) Head of Macau's Center for Disease Control and Prevention Tong Ka Io told us that the provision of emergency health services remains a problem for Macau, particularly in the outlying regions of the territory. To address this issue, Macau's private hospital recently opened a satellite emergency clinic to serve Taipa, but Tong acknowledged that this small facility cannot handle all emergencies. He also stated that Macau does not yet have adequate plans for providing health care and emergency response services in the Cotai strip. He acknowledged that the lack of facilities in this area could affect the MSARG's ability to respond to a large scale public health issue in this future tourist hub, where 16 international hotels and casinos are slated to open in the next few years. Tong said that the government plans to contact casino operators about response plans and believes that some casino operators could be developing their own facilities/plans to respond to various emergency situations.

-----  
Staffing & Finance Issues  
-----

16. (SBU) The Macau health care system faces a shortage of qualified personnel. Macau has enough general practitioners, but lacks specialists, trained nurses and physical therapists. For the past few years, it has imported doctors from prestigious hospitals and medical schools in the Mainland. However, as salaries and private opportunities rise on the Mainland, Macau is facing strong competition for these professionals. Macau recently drew up a "Ten Year Human Resource Nursing Plan" to increase the number of nurses; Macau will have to import foreign nurses from mainland China to meet this goal, although importing labor, even skilled labor, is controversial with the Macau public. Nonetheless, he underscored that bringing in non-Macanese doctors and nurses is the most efficient and cost effective way of expanding health care services for the population. He also stated that increased government revenue provided

opportunities to the MSARG to reform and expand the health care system, including hiring more personnel and creating additional facilities. However, the public is opposed to any changes to the health care financing system. In fact, the government backed down to public opposition during previous attempts at reform. Tong later acknowledged that economic and population growth will eventually mandate changes to the financing system even if the government does not yet have popular support or a concrete reform proposal. Ultimately, the Macau Secretary for Social Affairs and Culture, who is responsible for the health sector, will make these policy decisions.

-----  
Infectious Diseases and Avian Influenza  
-----

¶17. (SBU) Emerging infectious diseases are a major concern for Macanese authorities. Given Macau's small size and its lack of domestic research institutions, it depends largely on Hong Kong for information and guidance. Tong noted that Macau experienced a devastating outbreak of dengue fever in 2001, when over 1,400 people became infected. The MSARG responded by creating and later strengthening the powers of the Macau Center for Disease Control and Prevention. This proactive approach helped Macau prepare for the SARS crisis, although Tong admitted that they largely took a trial and error approach to SARS. Macau health authorities closely monitored the situation in Hong Kong and Guangdong, replicated treatment and prevention techniques that appeared to work elsewhere, and altered protocols that were not having success in the Mainland. Despite Macau's ability to avoid a devastating epidemic, Tong implied that they were lucky not to have had any deaths during the SARS crisis.

¶18. (SBU) He noted that information sharing has improved between Hong Kong, Guangdong and Macau. He said that Hong Kong has been particularly helpful in allowing Macau to use

HONG KONG 00001773 003 OF 003

its laboratory services for testing, accepting patients that Macau cannot treat effectively, and providing occasional training. He said Macau, like Hong Kong, is completely transparent in disclosing information on diseases, but that mainland authorities could be more forthcoming. Tong said that the lack of intensive care facilities remains a major gap in Macau's pandemic preparedness plans. Macau currently has about 40 intensive care beds and can increase that capacity to 50 in an emergency. MSARG has plans to build a stand-alone infectious disease facility at the government hospital that would be used to isolate patients during a pandemic. MSARG is also stockpiling anti-virals. In a preventive move, the MSARG already closed poultry farms, implemented stricter biosecurity and sanitation requirements at wetmarkets, and mandated that imported birds be slaughtered the day they enter Macau. Tong also cited tuberculosis, HIV/AIDS and dengue fever as immediate public health concerns.

-----  
HIV/AIDS  
-----

¶19. (SBU) In a separate meeting, Cheng Bing Shu, Associate Professor in the School of Health Sciences at Macau Polytechnic University, stated that Macau has a good system of primary health care, but that the government does not have an adequate handle on infectious diseases, particularly HIV/AIDS. He told ConGen staff that HIV could become a larger problem in Macau society. In an on-going university survey of 3,000 Macau residents, Cheng claimed that 18% of adult Macanese men admitted to having visited prostitutes, a figure that Cheng stated is not reflected in current government statistics. He said that respondents were chosen by computer generated software to include a random, but broad section of society. In the survey, respondents underwent

complete physicals, received blood and urine analyses, and spoke at length about lifestyle and diet. Cheng believes that the MSARG should take a stronger role in regulating the sex industry, including conducting regular medical tests on sex workers. This academic survey could have broader implications for HIV/AIDS infections in southern China. The final study, with a detailed methodological review, will be published in late 2007. CongGen Hong Kong will follow up with Macau Polytechnic University when the survey is finalized.

-----  
COMMENT  
-----

¶10. (SBU) The MSARG recognizes the need to implement changes to its health care system to meet the challenges of the new Macau. With growing gaming and tourist revenue, the government should have adequate financial resources to implement changes and improve response services during public health or other emergencies. However, the MSARG currently lacks the policy and regulatory expertise, areas where the USG could offer advice. Equally important, the MSARG appears to lack the political will to execute broad policy changes. As in other areas, the MSARG seems unwilling to take potentially unpopular measures, even if those measures would expand the availability of services and guarantee a more sustainable health care system for the people of Macau.  
Cunningham